

Fill in this information to identify your case:

Debtor 1	Jeremiah T. Flynn,, III		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS, WORCESTER DIVISION		
Case number (if known)	18-40698-CJP		

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	350,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	39,100.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	389,100.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D...	\$	349,740.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$	18,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$	13,376.75
Your total liabilities		\$ 381,116.75

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....	\$	6,938.00
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J.....	\$	6,838.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Flynn,, Jeremiah T. IIICase number (if known) 18-40698-CJP

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,509.67

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>18,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>18,000.00</u>

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United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS, WORCESTER DIVISION		
Case number (if known)	18-40698-CJP		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Chase Auto Finance Creditor's Name PO Box 901076 Fort Worth, TX 76101-2076 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2012 Lexus IS 350 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$15,000.00	\$17,000.00
		\$0.00	

Date debt was incurred Last 4 digits of account number

2.2 City of Worcester Creditor's Name Tax Collector 455 Main St Rm 203 Worcester, MA 01608-1870 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 6 Reardon St, Worcester, MA 01606-2581 6 Reardon Street Worcester, MA As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$2,740.00	\$350,000.00	\$0.00
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Date debt was incurred Last 4 digits of account number

Debtor 1 **Jeremiah T. Flynn,, III** Case number (if known) **18-40698-CJP**
First Name Middle Name Last Name

2.3	Consumer Portfolio Services	Describe the property that secures the claim: 2015 Mitusbishi Outlander - wife's car	\$14,000.00	\$14,000.00	\$0.00
	Creditor's Name				
PO Box 57071 Irvine, CA 92619-7071 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____		Last 4 digits of account number _____			

2.4	Selene Finance	Describe the property that secures the claim: 6 Reardon St, Worcester, MA 01606-2581 6 Reardon Street Worcester, MA	\$318,000.00	\$350,000.00	\$0.00
	Creditor's Name				
9990 Richmond Ave Ste 400 Houston, TX 77042-4546 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____		Last 4 digits of account number _____			

Add the dollar value of your entries in Column A on this page. Write that number here:	\$349,740.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$349,740.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Marinosci Law Group, P.C. 275 W Natick Rd Ste 500 Warwick, RI 02886-1161	On which line in Part 1 did you enter the creditor? 2.4 Last 4 digits of account number _____
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Fill in this information to identify your case:

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	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS, WORCESTER DIVISION		
Case number (if known)	18-40698-CJP		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div>2.1</div> Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$13,000.00	\$13,000.00	\$0.00
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Flynn,, Jeremiah T. III

Case number (if know)

18-40698-CJP

2.2

Massachusetts Department of Revenue

Priority Creditor's Name

Bankruptcy**PO Box 9564****Boston, MA 02114-9564**

Number Street City State Zip Code

Last 4 digits of account number

\$5,000.00**\$5,000.00****\$0.00**

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

Discover Financial Services

Nonpriority Creditor's Name

Last 4 digits of account number

\$13,376.75

When was the debt incurred?

PO Box 6103**Carol Stream, IL 60197-6103**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Part 3: List Others to Be Notified About a Debt That You Already Listed****5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2.** For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Zwicker & Associates**80 Minuteman Rd****Andover, MA 01810-1008**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

Debtor 1 **Flynn,, Jeremiah T. III**Case number (if know) **18-40698-CJP**

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">Total Claim 0.00</div>
	6b. Taxes and certain other debts you owe the government	6b. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">18,000.00</div>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">0.00</div>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">0.00</div>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <div style="float: right; border: 1px solid black; padding: 2px;">18,000.00</div>
Total claims from Part 2	6f. Student loans	6f. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">Total Claim 0.00</div>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">0.00</div>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">0.00</div>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">13,376.75</div>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <div style="float: right; border: 1px solid black; padding: 2px;">13,376.75</div>

Fill in this information to identify your case:

Debtor 1 Jeremiah T. Flynn,, III
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, WORCESTER DIVISION

Case number 18-40698-CJP
(if known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice,
Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jeremiah T. Flynn,, III

Jeremiah T. Flynn,, III

Signature of Debtor 1

Date November 14, 2018

X _____

Signature of Debtor 2

Date _____

Chase Auto Finance
PO Box 901076
Fort Worth, TX 76101-2076

City of Worcester
Tax Collector
455 Main St Rm 203
Worcester, MA 01608-1870

Consumer Portfolio Services
PO Box 57071
Irvine, CA 92619-7071

Discover Financial Services
PO Box 6103
Carol Stream, IL 60197-6103

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Marinosci Law Group, P.C.
275 W Natick Rd Ste 500
Warwick, RI 02886-1161

Massachusetts Department of Revenue
Bankruptcy
PO Box 9564
Boston, MA 02114-9564

Selene Finance
9990 Richmond Ave Ste 400
Houston, TX 77042-4546

Zwicker & Associates
80 Minuteman Rd
Andover, MA 01810-1008

IN RE:

Case No. 18-40698-CJP

Flynn,, Jeremiah T. III

Debtor(s)

Chapter 13

AMENDED VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: November 14, 2018

Signature: /s/ Jeremiah T. Flynn,, III
Jeremiah T. Flynn,, III

Debtor

Date: _____ Signature: _____

Joint Debtor, if any

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In re

Chapter 13

Jeremiah T. Flynn, III
Debtor

Case No. 18-40698-CJP

UNSWORN DECLARATION AS TO AMENDED SCHEDULE

I, Jeremiah T. Flynn, III, certify under the penalty of perjury that I have read the foregoing Amended Schedules E/F and that the annexed Amended Schedules E/F together with the schedules originally filed, are a statement of all my debts and all my property in accordance with the Bankruptcy Code, to the best of my knowledge information and belief.

Dated: November 13, 2018

/s/ Jeremiah T. Flynn, III

Jeremiah T. Flynn, III

UNITED STATES BANKRUPTCY COURT
District of Massachusetts, Worcester Division

In re
Flynn,, Jeremiah T. III

Case No:
Chapter 13

Debtor

DECLARATION RE: ELECTRONIC FILING (MA - LOCAL FORM)

PART I- DECLARATION

I[We] Flynn,, Jeremiah T. III and _____, hereby declare(s) under penalty of perjury that all of the information contained in my _____ (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this DECLARATION is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this DECLARATION may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that, pursuant to the Massachusetts Electronic Filing Local Rule (MEFR) 7(b), all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated:

Jeremiah T. Flynn III
(Affiant)

(Joint Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this DECLARATION, and I have followed all other electronic filing requirements currently established by local rule and standing order. This DECLARATION is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Signed: John O. Desmond

(Attorney for Affiant)

John O. Desmond 554580

John O. Desmond

5 Edgell Rd Ste 30A

Framingham, MA 01701-4890

(508) 879-9638

4-2018